

Butler

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-027172

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No.

27

Primary Registration District No.

3005

Registrar's No.

135

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED JUL 29 1963

1. PLACE OF DEATH

a. COUNTY

Bates

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN

Butler

Length of stay in 1b

4 yrs

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION

625 West Pine St.

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo

b. COUNTY

Bates

c. CITY  
OR TOWN

Butler

Inside Limits

Yes ☒ No ☐

d. STREET  
ADDRESS

625 West Pine St

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED  
(Type or print)

First

IRA

Middle

E.

FIRESTONE

Last

4. DATE  
OF DEATH

Month

July

Day

22

Year

1963

5. SEX

Male

6. COLOR OR RACE

W

7. Married ☒ Never Married ☐

Widowed ☐ Divorced ☐

8. DATE OF BIRTH

3/1/1905

9. AGE (last birthday)

58

IF UNDER 1 YEAR

Months Days Hours Min.

7 1 1 1

IF UNDER 24 HR

Months Days Hours Min.

7 1 1 1

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

retired sign painter

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

Humansville Mo.

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

James F Firestone

13b. MOTHER'S MAIDEN NAME

Mary Crist

14. NAME OF HUSBAND OR WIFE

Mary Firestone

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

No

16. SOCIAL SECURITY NO.

Mary Firestone, Butler Missouri

18. CAUSE OF DEATH (Enter only one cause per line for (a) and (b).  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Myocardial Insufficiency

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Chronic Emphysema Pulmonary 2 yr

DUE TO (c)

Chronic Bronchitis 2 yrs

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

Jan 3, 1961

to

July 22, 1963

and last saw him alive on

July 20, 1963

Death occurred at

3 AM

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Butler M. Luter M.D.

22b. ADDRESS

Butler Missouri

22c. DATE SIGNED

7-22-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

7/24/63

23c. NAME OF CEMETERY OR CREMATORY

Oakhill

23d. LOCATION (City, town, or county)

Butler Missouri

(State)

24. FUNERAL DIRECTOR

ADDRESS

Culver Underwood, Butler Mo.

25. DATE RECD. BY LOCAL REG.

7-23-63

26. REGISTRAR'S SIGNATURE

Norman Wilson

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

31-1580-0091

RECEIVED JUL 10 1967

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed John H. Underwood  
Licensed Embalmer No. 3585

P. O. Address Butler Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Permit issued 7-23-67